

were found in a portion of the bone which normally has no bony substance in its centre. The whole lower third of the thigh bone proved to be filled with a new formation of bone and that had undergone partial necrosis apparently in a very chronic manner. The primary acute osteitic process had not the immediate effect of necrosis, although it must have been very severe, judging from the spontaneous fracture of the bone, but it led to diffuse ossifying osteitis. Probably some of the infected material remained encysted until later on, in consequence of some noxious influence, it must have been set free and by its injurious action caused necrosis of the newly formed central osteophitic substance. About three months after the operation, a fistula formed again, and about four months ago it became necessary to make a thorough revision and scrape out and chisel away some carious bone at the bottom of the former cavity; at the present time everything seems perfectly solid and cicatrized. The speaker strongly emphasized the value of this plan of obliterating bone cavities left after necrotomy by a plastic inversion of the soft parts, and dwelt somewhat upon the operative details. He concluded with some remarks on secondary metastatic necrosis.—*N. Y. Surg. Soc.* Jan. 26, 1887.

II. A Case of Fracture of the Anatomical Neck of the Scapula. By H. B. HEMENWAY, M.D., (Kalamazoo, Mich.). This case occurred in a physician, æt. 51 years, who fell striking his left arm just below the shoulder heavily upon the edge of a raised sidewalk. On account of his thick clothing no bruise appeared. The condition was first diagnosed as simple subglenoid dislocation of the head of the humerus. Reduction by manipulation failed but forcible lateral extension with the foot in the axilla caused the deformity to disappear after which pressure just below the end of the coracoid process produced crepitus. The diagnosis was then changed to fracture of the anatomical neck of the scapula. The case is discussed in detail and all varieties of dislocations and fractures of the surgical neck of the scapula and of the anatomical or surgical neck of the humerus logically excluded. While the author's analysis of the symptoms seem to point very logically to fracture of the anatomical neck of

the scapula, in view of the fact that such a lesion has never before been authoritatively reported, and that the confirmation of dissection, without which a positive diagnosis is hardly possible, was absent, the case can hardly be regarded as an undoubted fracture of the anatomical neck of the scapula.—*Jour. Am. Med. Assn.* Feb. 5, 1887.

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III. On the Treatment of Old Transverse Fracture of the Patella. By Prof. E. VON BERGMANN (Berlin). The statistical reports of some operators, giving their results in the treatment of fresh fractures of the patella by uniting the fragments with sutures, great reliance being placed on antiseptic precautions, are not wholly satisfactory.

Of 45 cases reported by Brunner in 1886, only 18 recovered without fever. In 8 cases dangerous purulent inflammation of the joint resulted, necessitating in two of them amputation of the thigh, of which one ended fatally. Kuland (1884) reported six deaths resulting from this operation. Hamilton has sufficiently demonstrated, however, that osseous union of the fractured patella is not necessary for the restoration of its function. This author has reported cases where a considerable space lay between the ends of the broken patella, which were held together by fibrous tissue, and where the necessary movements of the leg were not interfered with. In one case this diastasis measured 3 inches. If osseous union is, therefore, not always necessary, it is questionable whether in all cases of fresh fractures, the suture should be recommended, especially since the introduction of puncture of the hæmarthron and massage of the rapidly atrophying quadriceps. In many cases the hæmorrhage into the joint is very great, so that the capsule is much distended and prevents the adaptation of the ends of the fractured patella. Author removed in 3 cases of this kind, after Schede's method, the hæmarthron with a trocar, attaining in all 3 cases complete union.

The condition of the quadriceps is of the greatest importance for the prognosis in all cases of fractured patella. It is well known how easily this muscle atrophies and becomes insufficient when injured. Careful